							Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOI								10 / 7/2 20/				
				10	1 /	1200	, ,					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	L ENTITY	OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			4				RAT	E FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			μ minus 20=		*		xs s)=	OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		* 2		X43= 86		OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+145	i=	OR	+290=		
* if	the difference	less than ze	ss than zero, enter "0" in column 2				AL YM	OR	TOTAL			
, / , / CLAIMS AS AMENDED - PART II										OTHER	THAN	
	4/4/05	(Column 1)		(Colun		(Column 3)	SMA	LL ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE"		RATE	ADDI- TIONAL FEE	
	Total	* 15	Minus	** /	4	= 1	X\$ 9	= 25.00	OR	X\$18=		
	Independent	NTATION OF MI	Minus	PENDENT	CLAIM	=	X43=	= 100.00	OR	[.] X86=		
•	FING! FRESE	WIATION OF WI	JETH LE DE	CIVELIVI	CLAIN	·	+145	=	OR	+290=		
						•	TO:		OR	TOTAL ADDIT, FEE		
	•	(Column 1) (Column 2) (Column 3)							_	7.0011.1 221		
ENT B	`	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=.	OR	X\$18=		
AMENDMENT	Independent	*	Minus	***	CI AIN	-	X43=		OR	X86=		
<u></u>	· ·	NTATION OF ML	CHELE DEL	CHOCKI	CLAIM		+145:	-	OR	+290=		
				,			TOT ADDIT. F		OR	TOTAL ADDIT. FEE		
		(Column 1)	•	(Colun	nn 21	(Column 3)	AUDII. F	L-L	- .	ADDII. FEE		
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OM M	Total	*	Minus	**		.	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=			1 .			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=		OR	X86=		
ئ ــــــــ		. +145=	=	OR	+290=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												